Department of Health and Human Services

Substance Abuse and Mental Health Services Administration
Center for Mental Health Services

Guidance for Applicants (GFA) No. SM 02-012
Part I - Programmatic Guidance

Cooperative Agreement to Establish a Suicide Prevention Technical Resource Center

Short Title: Suicide Prevention Resource Center

Application Due Date:
July 24, 2002

Bernard S. Arons, M.D.
Director, Center for Mental Health Services
Substance Abuse and Mental Health Services Administration

Charles G. Curie, M.A., A.C.S.W.
Administrator
Substance Abuse and Mental Health Services Administration

Date of Issuance: May 2002

Catalog of Federal Domestic Assistance (CFDA) No. 93.243
Authority: Section 520A of the Public Health Service Act,
as amended and subject to the availability of funds.

Table of Contents

Agency

Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.

Action and Purpose

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), announces the availability of fiscal year (FY) 2002 funds for one cooperative agreement to establish a national suicide prevention technical resource center.

The National Suicide Prevention Technical Resource Center, hereafter referred to as "the Center," will facilitate outreach to stakeholders (survivors, clinicians, advocates, scientists, and Federal, State, local, and tribal organizations) through provision of information and technical assistance in suicide prevention program planning and in implementation and identification of best practices. The Center will play an important role in advancing a comprehensive and coordinated, innovative national suicide prevention effort, as outlined in the *National Strategy for Suicide Prevention: Goals and Objectives for Action* (NSSP), released in 2001 (Web site can be located at http://www.mentalhealth.org). This publication represents a successful synthesis of perspectives from researchers and scientists, practitioners, leaders of nongovernmental organizations and groups, Federal agencies, survivors, and community leaders. Goals and objectives with measurable indicators are but one of the many elements needed for a successful national strategy to advance suicide prevention activities.

Approximately $2,500,000 will be available per year for one award (including direct and indirect costs). The project period will be for 3 years.

A separate budget must be submitted for each year of funding requested. Funding will be level for each year of support requested, and may not exceed the limits outlined in this GFA. The amount requested cannot be increased from year to year, and supplemental funding is generally not available. Annual continuation awards depend on the availability of funds and progress achieved.
Throughout this document the use of the term "your organization" is meant to refer to the primary submitting organization, as well as any and all strategic partners who may have come together to collaborate on this project.

Who Can Apply?

Applications may be submitted by public organizations, such as units of State, county, or local governments; by Indian tribes or tribal organizations (as defined in Section 4(b) and Section 4(c) of the Indian Self-Determination and Education Assistance Act); and by domestic private nonprofit organizations such as community-based organizations, faith-based organizations, universities, colleges, and hospitals. These may include consortiums/partnerships of organizations brought together for

purposes of this GFA; however, only one organization may apply and be legally and fiscally responsible for the grant.

Application Kit

To apply for this program:

Use application form PHS 5161-1. To download this form go to the SAMHSA homepage at www.SAMHSA.gov, click on the link to "Grant Opportunities," click on "Assistance with Grant Applications" at the bottom of the page, click on "Materials for Applying for Grants or Cooperative Agreements," click on "DHHS/Program Support Center's Forms Distribution Web Page," and then click on "PHS-5161-1."

PHS 5161-1 includes the following forms, which should be included with your application: a face page (Form 424A) and budget pages (Form 424B), Assurances-Non-Construction Programs (signed), Certifications (signed), and a Checklist.

Do **not** follow the instructions on the Program Narrative included in the PHS 5161-1 form; these are generic. Instead, follow the instructions for the Project Narrative on pp. 8-12 in this Guidance for Applicants (GFA).

The GFA has two parts:

Part I - Provides information specific to the grant or cooperative agreement. It is different for each GFA. **This document is Part I.**

Part II - Has general policies and procedures that apply to **all** SAMHSA grant and cooperative agreements.

You will need to use both Part I and Part II to apply for a SAMHSA grant or cooperative agreement.

To get a complete application kit, including Parts I and II of the GFA and PHS-5161, you can:

- Call the Center for Mental Health Services Knowledge Exchange Network at 1-800- 789-2647, TDD: 866-889-2647, FAX: 301-984-8796

  or

- Download the application kit from the SAMHSA web site at www.SAMHSA.gov. Be sure to download both parts of the GFA.

Where to Send the Application

Send the **signed** original and two copies of your grant application to:

SAMHSA Programs
Center for Scientific Review
National Institutes of Health
Suite 1040
6701 Rockledge Drive MSC-7710
Bethesda, MD 20892-7710*

*Change the zip code to 20817 if you use
express mail or courier service.

Please note:

1) Be sure to type "SM 02-012, Suicide Prevention Resource Center" in Item Number 10 on the face page of the application form.

2) If you require a phone number for delivery, you may use (301) 435-0715**.**

3) **All applications MUST be sent via a recognized commercial or governmental carrier; hand-carried applications will not be accepted.**

Application Due Date

Your application must be received by **July 24, 2002.**

Applications received after this date must have a proof-of-mailing date from the carrier before **July 17, 2002**.

Private metered postmarks are not acceptable as proof of timely mailing. Late applications will be returned without review.

How to Get Help

For questions on *program issues*, contact:

Robert DeMartino, M.D.
Associate Director for Program in
Trauma and Terrorism
Division of Program Development, Special Populations and Projects, Room 17C-26
Center for Mental Health Services, SAMHSA

5600 Fishers Lane
Rockville, MD 20857
(301) 443-2940
E-mail: Rdemarti@samhsa.gov

For questions on *grants management issues*, contact:

Steve Hudak
Division of Grants Management
Substance Abuse and Mental Health Services Administration
Rockwall II, Suite 630
5515 Security Lane
Rockville, MD 20852
(301) 443-9666
E-Mail: **Shudak@samhsa.gov**

Cooperative Agreements

This award will be made as a cooperative agreement because it will require substantial Federal staff involvement over the course of the project.

Awardee Must:

- Comply with the terms and conditions of the agreement.
- Agree to provide SAMHSA with data required for GPRA, as necessary (see p. 6).
- Accept guidance and respond to requests for information from Federal Project Officer.
- Keep Federal program staff informed of emerging issues, developments, and problems.

SAMHSA Staff Will:

- Provide technical assistance to the grantee on implementing project activities, monitor project activities and progress.
- Provide guidance on project design and components, as needed.
- Author or co-author publications on program findings.
- Provide technical assistance on ways to help disseminate products and information.
- Conduct site visits if warranted or desired.
- Facilitate collaboration, as needed.
- Review periodic progress reports.
- Make recommendations for continued funding.

Funding Criteria

Decisions to fund a grant are based on:

1. The strengths and weaknesses of the application as indicated by the Peer Review Committee, which assigns a numerical evaluation score to the application based on the extent to which the application meets the project requirements as specified in this Guidance for Applicants.

2. Approval by the CMHS National Advisory Council.

3. Availability of funds.

Post-award Requirements

1. Reports Required

- Progress reports (The Government Project Officer [GPO] will recommend the format and due dates for these reports.)

- Annual report.

- Final report at end of project period summarizing project progress, accomplishments, problems, alterations in approaches utilized, and lessons learned.

2. GPRA

The Government Performance and Results Act of 1993 (GPRA) requires Federal agencies to set and monitor performance standards for agency objectives. As part of GPRA reporting requirements, grantees must report data on CMHS GPRA program goals. For example, CMHS might require grantee to indicate whether this cooperative agreement helped communities to identify service needs and improve availability of services. CMHS staff will develop these measures in the future and will work with the awardee to implement them.

Program Overview

Suicide has stolen lives around the world and across the centuries. Meanings attributed to suicide and notions of what to do about it have varied with time and place, but suicide has continued to exact a relentless toll. Only recently have the knowledge and tools become available to approach suicide as a preventable problem with realistic opportunities to save many lives. The goals delineated in *The National Strategy for Suicide Prevention: Goals and Objectives for Action* (NSSP), the cornerstone of the national strategy, are framed upon these advances in science and public health and the recognition that suicide is a serious public health problem. Goal 4.8 specifically calls for the development of one or more training and technical resource centers to build capacity for States and communities to implement and evaluate suicide prevention programs.

The overall aims of the National Suicide Prevention Technical Resource Center are to:

1) Build capacity for States and communities to develop, implement, and evaluate suicide prevention programs.

2) Provide technical assistance (see Definitions, Appendix B) to stakeholders in developing, implementing, and evaluating effective suicide prevention programs.

3) Gather and assemble suicide prevention information to be used by others to provide training or develop training materials.

4) Serve as a clearinghouse for best practices (see Definitions, Appendix B) and multi-disciplinary, crosscutting policy information, and disseminate information regarding suicide prevention techniques and strategies.

Anticipated Outcomes of this Project:

It is anticipated that the National Suicide Prevention Technical Resource Center will be key in achieving the following:

- An increase in public awareness of the nature and scope of the problem of suicide, suicidal behavior, and related mental health issues.
- The promotion and advancement of activities, goals, and objectives of the NSSP.
- An increase in awareness of Federal, State, local, tribal, private/nonprofit organizations, survivors, clinicians, advocates, and scientists of best practices to prevent suicide.
- The acceleration of the development of state, tribal, and community-based suicide prevention plans.
- An increase in collaboration and public/private dialogue on suicide prevention activities.
- The promotion and implementation of best practices and evidence-based interventions.
- The prevention of replication of ineffective or unproven suicide prevention efforts.
- The prevention of expenditure of limited resources on ineffective or unproven interventions.
- The promotion of a suicide prevention research agenda.

Because of the multifaceted demands and requirements of this project, applicants are encouraged to consider forming strategic alliances with partners who bring the range of specialized talents, experience, and skills to the project (e.g., information technology, business acumen, program evaluation) that will promote the efficient use of organizational resources to

achieve optimal performance and bring state-of-the-art practices to the Center's program and service delivery.

Detailed Information on What to Include in Your Application

In order for your application to be **complete and eligible**, it must include the following in the order listed. Check off areas as you complete them for your application.

1. FACE PAGE

Use Standard Form 424, which is part of the PHS 5161-1 (revised July 2000). See Appendix A in Part II of the GFA for instructions. In signing the face page of the application, you are agreeing that the information is accurate and complete.

2. ABSTRACT

Your total abstract must be no longer than 35 lines. In the first five lines or less of your abstract, write a summary of your project that can be used in publications, reporting to Congress, or press releases, if your project is funded.

3. TABLE OF CONTENTS

Include page numbers for each of the major sections of your application and for each appendix.

4. BUDGET FORM

Standard Form 424A, which is part of the PHS 5161-1 (revised July 2000). See Appendix B in Part II of the GFA for instructions.

5. PROJECT NARRATIVE AND SUPPORTING DOCUMENTATION

The **Project Narrative** describes your project. It consists of Sections A through D. These sections must be no longer than 25 pages in total. More detailed information about Sections A through D follows #10 of this checklist.

- **Section A–**Organizational Qualifications and Experience
- **Section B–**Implementation Plan
- **Section C–**Management and Staffing Plan
- **Section D–**Evaluation Plan

Supporting documentation for your application should be provided in sections E through H. There are no page limits for these sections, except for Section G, the Biographical Sketches/Job Descriptions.

- **Section E–**Literature Citations. This section must contain complete citations, including titles and all authors, for any literature you cite in your application.

- **Section F–**Budget Justification, Existing Resources, Other Support

You must provide a narrative justification of the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project.

- **Section G**–Biographical Sketches and Job Descriptions

  - Include a biographical sketch for the Project Director, Center Director, and other key positions (including consultants and strategic partners). Each sketch should be no longer than **2 pages**. If the person has not been hired, include a letter of commitment with the sketch; if the person has not been identified, include a job description.

  - Include job descriptions for key personnel. They should be no longer than **1 page**.

  - ***Sample sketches and job descriptions are listed in Item 6 in the Program Narrative section of the PHS 5161-1.***

- **Section H–**Confidentiality and SAMHSA Participant Protection (SPP)

The seven areas you need to address in this section are outlined after the Project Narrative description in this document.

You must complete this section if your organization provides direct service in the project, or supports provision of services by other organizations with Federal funds in this project.

6. APPENDICES 1 through 4

- Use only the appendices listed below.

- **Do not** use appendices to extend or replace any of the sections of the Program Narrative unless specifically required in this GFA (reviewers will not consider them if you do).

Appendix 1: Time Line and Organizational Chart

Appendix 2: Letters of Support/Formal Collaborative Agreements

Appendix 3: Data Collection Instruments/Interview Protocols (if applicable)

Appendix 4: Sample Consent Forms (if applicable)

7. ASSURANCES

Non-Construction Programs. Use Standard form 424B found in PHS 5161-1 (revised July 2000).

8. CERTIFICATIONS

Use the Certification forms which can be found in PHS 5161-1. See Part II of the GFA for instructions.

9. DISCLOSURE OF LOBBYING ACTIVITIES

Use Standard Form LLL (and SF LLL-A, if needed), which can be found in Form PHS 5161-1. Part II of the GFA also includes information on lobbying prohibitions.

10. CHECKLIST

See Appendix C in Part II of the GFA for instructions.

11. INTERGOVERNMENTAL REVIEW (E.O. 12372)

Executive Order (E.O.) 12372 sets up a system for State and local government review of applications. Applicants (other than Federally recognized Indian tribal governments) should contact the State's Single Point of Contact (SPOC) as early as possible to alert him/her to the prospective application(s) and receive any necessary instructions on the State's review process. Part II of the GFA provides additional information about E.O. 12372.

Project Narrative/Review Criteria – Sections A Through D Detailed

Sections A through D are the Review Criteria/Project Narrative of your application. They describe what you intend to do with your project. Below you will find detailed information on how to respond to Sections A through D. Sections A through D may be no longer than **25** pages.

Your application will be reviewed against the requirements described below for Sections A through D.

- A peer review committee will assign a point value to your application based on how well you address **each** of these sections.
- The number of points after each main heading shows the **maximum number of points** a review committee may assign to that category.
- Bullet statements do not have points assigned to them. They are provided to invite attention to important areas within the criterion.
- Reviewers will also be looking for evidence of cultural competence **in each section** of the Project Narrative. Points will be assessed for the cultural competency aspects of the review criteria. SAMHSA's guidelines for cultural competence are included in Part II of the GFA.

Section A: Organizational Qualifications and Experience (30 points)

In this section, describe key personnel (includes staff and consultants) and organizational experience and qualifications as they relate to the fields of public health, mental health, or suicide prevention. Consider "organization" to mean the primary applicant group plus partners with substantial duties in the project.

I. Personnel

- Describe the Project Director's qualifications for assuming responsibility for this project.

- Describe the proposed Center Director's qualifications for assuming this position.

- Identify key personnel and their qualifications and experience (include information technology, technical assistance, and qualitative program evaluation subject matter expertise). Provide biosketches and job descriptions in Section H.

- Describe the experience of staff in interacting with national professional, policy, and advocacy organizations, and State- and community-based organizations across the nation who are concerned with public health issues.

- Describe other areas of staff expertise that are needed for the Center to carry out the tasks of this cooperative agreement.

II. Operational and Collaborative Experience

- Describe the range of experience of the applicant organization with public health programs, including suicide prevention.

- Describe your organization's experience in providing technical assistance on public health issues and the strategic planning process.

- Describe your organization's experience, technical expertise, and administrative ability in 1) raising awareness among professionals and the general public on public health issues, 2) involvement in developing/implementing/evaluating media campaigns, and 3) regular publication/dissemination of information for professional and lay audiences.

- Describe your organization's ability and expertise in developing/adapting/adopt-ing and applying criteria for determining the quality of programmatic activities on their scientific merit.

- Describe your organization's current information technology infrastructure in database/website/virtual library development capacity and experience in data collection, storage, and retrieval.

- Describe your organization's experience in identifying/assembling/packaging and disseminating training and other technical assistance materials.

- Describe your organization's past experience in forming strategic partnerships to advance a public policy issue. Specify the nature of the alliance and for what purpose the partnership was formed.

- Describe your organization's experience in initiating, fostering, overseeing, and/or participating in collaborative associations of organizations with interests in public health policy, research, and evaluation issues; describe outcomes and products of the collaboration. Provide documentation of any formal collaborative arrangements (e.g., Letters of Agreement) in Appendix 2. Also use this Appendix for Letters of Support.

- Describe your organization's experience working with consumer/advocacy groups.

- Describe your experience in incorporating cultural competency in past program activities (see definitions, Appendix B).

Section B: <u>Implementation Plan</u> (40 points)

Describe the goals and objectives of your implementation plan in this section.

Although there are many conceptual models on how a technical resource center might operate and what functions and activities might be offered, Appendix A provides one conceptual framework for your review and consideration.

- Describe your vision for a national suicide prevention resource center and the role it will play in advancing suicide prevention activities. How will it serve as a resource for multidisciplinary and crosscutting suicide prevention policy information?

- Describe in detail all strategic partnerships and/or working relationships brokered for this project and for what organizational purpose the alliance was formed. Comment on specific products/outcomes expected from these relationships.

- Describe your plan for providing technical assistance to stakeholders (see Definitions, Appendix B); include what specific issues will be addressed and how this assistance will be provided.

- Describe your plan for information gathering, synthesis, review, packaging, and dissemination. Please be specific within each and suggest a realistic time line for such a process; include what information you foresee as necessary to disseminate to partners, stakeholders, and the public; describe a plan for accelerating the process and under what circumstances this might be necessitated.

- Describe how you will ensure that the technical and scientific information you disseminate is current, relevant, reliable, and scientifically sound.

- Describe your approach to thoroughly documenting suicide prevention activities. Describe the process of how this information will be gathered, catalogued, stored, retrieved, and kept current. How and for what purpose will the information be made available?

- Describe how you plan to identify best practices in suicide prevention.

- Describe how the Center will ensure maximum access to stakeholders across all time zones in the United States and U.S. territories.

- Address how you will provide assistance, service, and information that is culturally appropriate. How will the Center provide access to information to those for whom English is not their primary language?

- Describe how you plan to obtain stakeholder input in the prioritization, direction, and integration of the activities of the Center.

- Describe how the Center will integrate and promote the attainment of the goals and objectives of the National Strategy for Suicide Prevention in the day-to-day operations of the Center.

- Describe your approach to assisting persons in crisis that may present in person or otherwise come in contact with your Center.

Section C: <u>Management and Staffing Plan</u> (15 points)

In this section, describe your plan for management and staffing of the project.

- Provide a project schedule and an activity centered time line to reflect the 3-year project length (use Appendix 1).

- Provide assurance that the Project Director (*responsible for overall accountability of project, strategic vision, and project oversight*) will be able to devote at least 30% level of effort and the Center Director (*responsible for day-to-day Center management/operation*) will be able to devote at least 75% effort to the project (*Project Director and Center Director may be the same person*).

- Describe the facilities and information technology and other technical assistance resources that will be dedicated to this project; demonstrate they are appropriate and sufficient to conduct required activities; described what additional capabilities will be needed to conduct required activities.

- Provide an organizational chart showing proposed structure and personnel (use Appendix 1).

- Describe how project staffing and management and overall Center organization are appropriate to carrying out all aspects of the proposed project.

- Describe your plan for directing the Center's resources to the areas of greatest need and priorities.

- How will your organization provide the necessary experience, expertise, and requisite skills to comply with the requirements of Federal grant management? (Include reference to any prior experience working on Federal grants.)

Section D: Evaluation Plan (15 points)

Describe your plan for evaluation of the project in this section.

- Describe procedures to obtain periodic input from stakeholders on the effectiveness of the Center's operations, products and services.

- Discuss how you will evaluate Center performance and attainment of program goals and objectives.

- Discuss how the Center intends to utilize technology to document what information was requested from the Center, by whom, and what was actually provided.

- Describe a process to document what lessons were learned; what barriers inhibited implementation, how such barriers were resolved, and what should be done differently in the future to effect improvements.

- Discuss how you will summarize findings in the progress reports and final report of the project.

NOTE: Although the **budget** for the proposed project is not a review criterion, the Review Group will be asked to comment on the budget appropriateness after the merits of the application have been considered.

SAMHSA PARTICIPANT PROTECTION

Part II of the GFA (which is available on the SAMHSA web page) provides a description of SAMHSA Participant Protection and the Human Subjects Regulations.

You must address seven areas regarding SAMHSA participant protection in your supporting documentation. If one or all of the seven areas are not relevant to your project, you must document the reasons. No points will be assigned to this section.

This information will:

1) Reveal if the protection of participants is adequate or if more protection is needed.

2) Be considered when making funding decisions.

Some projects may expose people to risks in many different ways. In Section I of your application, you will need to:

- Report any possible risks for people in your project.
- State how you plan to protect them from those risks.
- Discuss how each type of risk will be dealt with, or why it does not apply to the project.

The following seven issues must be discussed:

1. Protection of Clients and Staff from Potential Risks

- Identify and describe any foreseeable physical, medical, psychological, social, legal, or other risks or adverse effects.
- Discuss risks due either to participation in the project itself or to the evaluation activities.
- Describe the procedures that will be followed to minimize effects of or protect participants against potential risks, including risks to confidentiality.
- Give plans to provide help if there are adverse effects on participants.
- Describe alternative treatments and procedures that may be beneficial to the subjects where appropriate. If you do not use these other beneficial treatments, provide reasons.

2. Fair Selection of Participants

- Describe the target population(s) for the proposed project. Include age, gender, and racial/ethnic background. Address other important factors, such as homeless youth, foster children, children of substance abusers, pregnant women, or other special population groups.
- Explain the reasons for using special types of participants, such as pregnant women, children, people with mental disabilities, people in institutions, prisoners, or persons likely to be vulnerable to HIV/AIDS.
- Explain the reasons for including or excluding participants.
- Explain how you will recruit and select participants. Identify who will select participants.

3. Absence of Coercion

- Explain if participation in the project is voluntary or required. Identify possible reasons why it is required (e.g., court orders requiring people to participate in a program).

- State how participants will be awarded money or gifts, if you plan to pay them.

- State how volunteer participants will be told that they may receive services and incentives, even if they do not complete the study.

4. Data Collection

- Identify from whom you will collect data (e.g., participants themselves, family members, teachers, and others). Explain how you will collect data and list the site. For example, will you use school records, interviews, psychological assessments, observation, questionnaires, or other sources?

- Identify what, if any, type of specimen (e.g., urine, blood) will be used. State if the material will be used just for evaluation and research or for other uses. Also, if needed, describe how the material will be monitored to ensure the safety of participants.

- Provide in Appendix 1, "Data Collection Instruments/Interview Protocols," copies of <u>all</u> available data collection instruments and interview protocols that you plan to use.

5. Privacy and Confidentiality

- List how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.

- Describe:
  - How you will use data collection instruments.
  - Where data will be stored.
  - Who will or will not have access to information.
  - How the identity of participants will be kept private. For example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

NOTE: If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse client records, according to the provisions of Title 42 of the Code of Federal Regulations, Part II.

6. Adequate Consent Procedures

- List what information will be given to people who participate in the project. Include the type and purpose of their participation. Include how the data will be used and how you will keep the data private.

- State:

- If their participation is voluntary.
- Their right to leave the project at any time without problems.
- Risks from the project.
- Plans to protect clients from these risks.

- Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

NOTE: If the project poses potential physical, medical, psychological, legal, social, or other risks, you should get written, informed consent.

- Indicate whether you will get informed consent from participants or from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?

- Include sample consent forms in your Appendix 2, titled "Sample Consent Forms." If needed, give English translations.

NOTE: Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the project, or may release your project or its agents from liability for negligence.

- Describe whether separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both the treatment intervention and for the collection of data. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

7. Risk/Benefit Discussion

Discuss why the risks are reasonable when compared with expected benefits and importance of the knowledge from the project.

APPENDIX A

A conceptual framework of the components of a technical resource center in suicide prevention follows. Activities are organized under four functional areas: 1) Technical assistance, 2) Information activities, 3) Best practices in suicide prevention programs , and 4) Policy Documentation and dissemination. The functional areas and activities suggested under each functional area should include, but are not limited to, those described below:

1. Technical assistance

- Provide technical assistance and consultation on program planning, delivery, and evaluation to stakeholders on the development of suicide prevention plans and activities.

- Make available information on suicide prevention workshops, seminars, and training institutes on program planning, delivery, and evaluation.

- Develop a consultant database resource and provide access to stakeholders.

- Gather and assemble from the public, private, and nonprofit sectors relevant best practices suicide prevention information to be used in the development of toolkits, training manuals, curricula, and related materials to assist individuals in program planning, delivery, and evaluation of initiatives in support of the NSSP.

- Gather and assemble "how to" information, reference materials, and locate resources for skill development in effective grant application writing, drafting legislation, fact sheets, and public service announcements.

- Incorporate cutting edge information technology training and assistance methods into Center operations.

- Develop and make available information on qualified speakers on suicide prevention topics.

- Assume a "broker" role in linking Federal, State, and community-based constituents/stake-holders with like interests for purposes of collaboration, sharing resources, program planning, delivery, and evaluation to advance best practices.

2. Information activities

- Link customers with Federal, State, and local programs and other existing resource centers that provide information on suicide prevention activities.

- Serve as primary source of reliable technical and scientific information for use in convening conferences, special meetings, and forums on suicide prevention and related topics.

- Serve as a one-stop electronic information source on available publications, annotated bibliographies, issue briefs, toolkits, and reports on suicide prevention.

- Make available and promote current, reliable, and newsworthy information on suicide prevention activities.

- Provide access to webcast presentations, forums, and meetings both live and archived on suicide prevention topics.

- Provide easily accessible information on training events and conferences on suicide prevention and related topics.

3. Best practices in suicide prevention

- Assist in facilitating communication/collaboration between "start-up" suicide prevention customers and well-established programs who are using best practices.

- Create and keep current a readily accessible, user-friendly electronic catalog of best practices in suicide prevention programs and resources at the national, State, tribal, community and nonprofit levels; each entry classified as to degree of evaluation accomplished, location of program, and program description.

- Develop a dynamic strategy to inform key constituencies about new and relevant information that will assist in continued development of implementation, evaluation, and enhancement of suicide prevention programs.

4. Policy documentation and dissemination

- Provide cross-disciplinary (for example, juvenile justice, schools, law enforcement, health care providers, first responders) suicide prevention policy information to stakeholders.

- Identify and catalog information on Federal and State laws, pending legislation, regulations, and policies that have substantial impact on suicide prevention.

- Serve as a national resource for suicide-related public/private sector policy material.

- Actively participate in discussions and activities around the research agenda for suicide prevention.

APPENDIX B

Definitions

Technical assistance differs from training in focus and intensity. Whereas training is general in nature and uses cases and problems for illustrative purposes, technical assistance is highly specific and situational. It involves problem-solving within the particular context (internal and external) of a program or activity; its providers must be skilled and experienced to play this consultative role. While training efforts can be readily expanded by adding sessions and materials, technical assistance may be far harder and more expensive to sustain as growth occurs.

Cultural competence means attaining the knowledge, skills, and attitudes to enable administrators and practitioners within systems of care to provide effective care for diverse populations. This includes an understanding of a group's or member's language, belief, norms, and values, as well as socioeconomic and political factors that may have significant impact on their psychological well-being, and incorporating those variables into assessment and treatment.

Definitions from the Glossary of the National Strategy for Suicide Prevention: Goals and Objectives for Action.

Activities - the specific steps that will be undertaken in the implementation of a plan. Activities specify the manner in which objectives and goals will be met.

Adolescence - the period of physical and psychological development from the onset of puberty to maturity.

Advocacy groups - organizations that work in a variety of ways to foster change with respect to a societal issue.

Affective disorders - see mood disorders

Anxiety disorder - an unpleasant feeling of fear or apprehension accompanied by increased physiological arousal, defined according to clinically derived standard psychiatric diagnostic criteria.

Best practices - activities or programs that are in keeping with scientifically derived evidence about what is effective.

Biopsychosocial approach - an approach to suicide prevention that focuses on those biological and psychological and social factors that may be causes, correlates, and/or consequences of mental health and mental illness and that may affect suicidal behavior.

Bipolar disorder - a mood disorder characterized by the presence or history of manic episodes, usually, but not necessarily, alternating with depressive episodes.

Causal factor - a condition that alone is sufficient to produce a disorder.

Cognitive/cognition - the general ability to organize, process, and recall information.

Community - a group of people residing in the same locality or sharing a common interest.

Comprehensive suicide prevention plans - plans that use a multifaceted approach to addressing the problem; for example, including interventions targeting biopsychosocial, social, and environmental factors.

Comorbidity - the co-occurrence of two or more disorders, such as depressive disorder with substance abuse disorder.

Connectedness - closeness to an individual, group, or people within a specific organization; perceived caring by others; satisfaction with relationship to others, or feeling loved and wanted by others.

Consumer - a person using or having used a health service.

Contagion - a phenomenon whereby susceptible persons are influenced towards suicidal behavior through knowledge of another person's suicidal acts.

Culturally appropriate - a set of values, behaviors, attitudes, and practices reflected in the work of an organization or program that enables it to be effective across cultures; includes the ability of the program to honor and respect the beliefs, language, interpersonal styles, and behaviors of individuals and families receiving services.

Culture - the integrated pattern of human behavior that includes thoughts, communication, actions, customs, beliefs, values, and institutions of a racial, ethnic, faith, or social group.

Depression - a constellation of emotional, cognitive and somatic signs and symptoms, including sustained sad mood or lack of pleasure.

Effective - prevention programs that have been scientifically evaluated and shown to decrease an adverse outcome or increase a beneficial one in the target group more than in a comparison group.

Elderly - persons aged 65 or more years.

Environmental approach - an approach that attempts to influence either the physical environment (such as reducing access to lethal means) or the social environment (such as providing work or academic opportunities).

Epidemiology - the study of statistics and trends in health and disease across communities.

Evaluation - the systematic investigation of the value and impact of an intervention or program.

Evidence-based - programs that have undergone scientific evaluation and have proven to be effective.

Follow-back study - the collection of detailed information about a deceased individual from a person familiar with the decedent's life history or by other existing records. The information collected supplements that individual's death certificate and details his or her circumstances, the immediate antecedents of the suicide, and other important but less immediate antecedents.

Frequency - the number of occurrences of a disease or injury in a given unit of time; with respect to suicide, frequency applies only to suicidal behaviors which can repeat over time.

Gatekeepers - those individuals in a community who have face-to-face contact with large numbers of community members as part of their usual routine; they may be trained to identify persons at risk of suicide and refer them to treatment or supporting services as appropriate.

Goal - a broad and high-level statement of general purpose to guide planning around an issue; it is focused on the end result of the work.

Health - the complete state of physical, mental, and social well-being, not merely the absence of disease or infirmity.

Health and safety officials - law enforcement officers, firefighters, emergency medical technicians (EMTs), and outreach workers in community health programs.

Healthy People 2010- the national prevention initiative that identifies opportunities to improve the health of all Americans, with specific and measurable objectives to be met by 2010.

Indicated prevention intervention - intervention designed for individuals at high risk for a condition or disorder or for those who have already exhibited the condition or disorder.

Intentional - injuries resulting from purposeful human action, whether directed at oneself (self-directed) or others (assaultive), sometimes referred to as violent injuries.

Intervention - a strategy or approach that is intended to prevent an outcome or to alter the course of an existing condition (such as providing lithium for bipolar disorder or strengthening social support in a community).

Means - the instrument or object whereby a self-destructive act is carried out (i.e., firearm, poison, medication).

Means restriction - techniques, policies, and procedures designed to reduce access or availability to means and methods of deliberate self-harm.

Methods - actions or techniques which result in an individual inflicting self-harm (i.e., asphyxiation, overdose, jumping).

Mental disorder -a diagnosable illness characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress that significantly interferes with an individual's cognitive, emotional, or social abilities; often used interchangeably with mental illness.

Mental health - the capacity of individuals to interact with one another and the environment in ways that promote subjective well-being, optimal development and use of mental abilities (cognitive, affective, and relational).

Mental health problem - diminished cognitive, social, or emotional abilities, but not to the extent that the criteria for a mental disorder are met.

Mental health services - health services that are specially designed for the care and treatment of people with mental health problems, including mental illness; includes hospital and other 24-hour services, intensive community services, ambulatory or outpatient services, medical management, case management, intensive psychosocial rehabilitation services, and other intensive outreach approaches to the care of individuals with severe disorders.

Mental illness – see mental disorder.

Mood disorders - a term used to describe all those mental disorders that are characterized by a prominent or persistent mood disturbance; disturbances can be in the direction of elevated expansive emotional states, or, if in the opposite direction, depressed emotional states; included are depressive disorders (major depressive disorder; dysthymic disorder, depressive disorder), bipolar disorders (Bipolar I disorder; Bipolar II disorder, cyclothymic disorder), mood disorders due to a medical condition, or substance-induced mood disorders; see affective disorders.

Morbidity - the relative frequency of illness or injury, or the illness or injury rate, in a community or population.

Mortality - the relative frequency of death, or the death rate, in a community or population.

Objective - a specific and measurable statement that clearly identifies what is to be achieved in a plan. It narrows a goal by specifying who, what, when, and where, or clarifies by how much, how many, or how often.

Outcome - a measurable change in the health of an individual or group of people that is attributable to an intervention.

Outreach programs - programs that send staff into communities to deliver services or recruit participants.

Personality disorders - a class of mental disorders characterized by deeply ingrained, often inflexible, maladaptive patterns of relating, perceiving, and thinking of sufficient severity to cause either impairment in functioning or distress.

Postvention - a strategy or approach that is implemented after a crisis or traumatic event has occurred.

Prevention - a strategy or approach that reduces the likelihood of risk of onset, or delays the onset of adverse health problems or reduces the harm resulting from conditions or behaviors.

Protective factors - factors that make it less likely that individuals will develop a disorder. Protective factors may encompass biological, psychological, or social factors in the individual, family, and environment.

Psychiatric disorder - see mental disorder.

Psychiatry - the medical science that deals with the origin, diagnosis, prevention, and treatment of mental disorders.

Psychology - science concerned with the individual behavior of humans, including mental and physiological processes related to behavior.

Public information campaigns - large-scale efforts designed to provide facts to the general public through various media such as radio, television, advertisements, newspapers, magazines, and billboards.

Rate - the number per unit of the population with a particular characteristic, for a given unit of time.

Residency programs - postgraduate clinical training programs in special subject areas, such as medicine.

Resilience - capacities within a person that promote positive outcomes, such as mental health and well-being, and provide protection from factors that might otherwise place that person at risk for adverse health outcomes.

Risk factors - those factors that make it more likely that individuals will develop a disorder. Risk factors may encompass biological, psychological, or social factors in the individual, family, and environment.

Screening - administration of an assessment tool to identify persons in need of more in-depth evaluation or treatment.

Screening tools - those instruments and techniques (questionnaires, checklists, self-assessments forms) used to evaluate individuals for increased risk of certain health problems.

Selective prevention intervention – intervention targeted to subgroups of the population whose risk of developing a health problem is significantly higher than average.

Self-harm - the various methods by which individuals injure themselves, such as self-laceration, self-battering, taking overdoses, or deliberate recklessness.

Self-injury - see self-harm.

Sociocultural approach - an approach to suicide prevention that attempts to affect the society at large, or particular subcultures within it, to reduce the likelihood of suicide (such as adult-youth mentoring programs designed to improve the well-being of youth).

Social services - organized efforts to advance human welfare, such as home-delivered meal programs, support groups, and community recreation projects.

Social support - assistance that may include companionship, emotional backing, cognitive guidance, material aid, and special services.

Specialty treatment centers (e.g., mental health/substance abuse) - health facilities where the personnel and resources focus on specific aspects of psychological or behavioral well-being.

Stakeholders - entities, including organizations, groups, and individuals, that are affected by and contribute to decisions, consultations, and policies (includes survivors, clinicians, advocates, scientists, and Federal, State, local, and tribal organizations).

Stigma - an object, idea, or label associated with disgrace or reproach.

Substance abuse - a maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to repeated use. Includes maladaptive use of legal substances such as alcohol; prescription drugs such as analgesics, sedatives, tranquilizers, and stimulants; and illicit drugs such as marijuana, cocaine, inhalants, hallucinogens, and heroin.

Suicidal act (also referred to as suicide attempt) - a potentially self-injurious behavior for which there is evidence that the person probably intended to kill himself or herself; a suicidal act may result in death, injuries, or no injuries.

Suicidal behavior - a spectrum of activities related to thoughts and behaviors that include suicidal thinking, suicide attempts, and completed suicide.

Suicidal ideation - self-reported thoughts of engaging in suicide-related behavior.

Suicidality - a term that encompasses suicidal thoughts, ideation, plans, suicide attempts, and completed suicide.

Suicide - death from injury, poisoning, or suffocation where there is evidence that a self-inflicted act led to the person's death.

Suicide attempt - a potentially self-injurious behavior with a nonfatal outcome, for which there is evidence that the person intended to kill himself or herself; a suicide attempt may or may not result in injuries.

Suicide attempt survivors - individuals who have survived a prior suicide attempt.

Suicide survivors - family members, significant others, or acquaintances who have experienced the loss of a loved one due to suicide; sometimes this term is also used to mean suicide attempt survivors.

Surveillance - the ongoing, systematic collection, analysis, and interpretation of health data with timely dissemination of findings.

Unintentional - term used for an injury that is unplanned. In many settings these are termed accidental injuries.

Universal preventive intervention - intervention targeted to a defined population, regardless of risk. (This could be an entire school, for example, and not the general population per se).

Utilization management guidelines - policies and procedures that are designed to ensure efficient and effective delivery (utilization) of services in an organization.